

## **Instructions for the Agency Recommendation Form 2**

After the Form 2A Proposal Evaluations have been completed jointly by the User Agency and DCAM, complete and submit a Form 2 to DCAM recommending 1) selection of a specific lease proposal, 2) selection of a proposal to lease public space without advertising, or 3) the rejection of all proposals received.

User Agency Name: The agency submitting the request.

Requested SF: The usable area identified in the RFP (or Form 1 if no RFP was issued).

Name of Office/Facility: Identify by name the activity to be housed at the premises.

Search Area: The location identified in the RFP (or Form 1 if no RFP was issued).

### **1. RECOMMENDATION**

Check the appropriate box to indicate whether the agency is recommending the selection of a proposal, selection of public space, or rejection of all proposals received. Fill in the proposal number. If the recommendation is to reject all proposals received, attach a letter of explanation including the reasons for the recommendation and proposed next steps.

Evidence of statutorily required advertisement in local newspaper(s) should be submitted to DCAM before the proposed submission deadline. DCAM cannot proceed with a selection decision without such evidence of compliance with this statutory requirement.

Address of Recommended Premises: Enter the street address and town of the recommended premises.

Name of Proposer: Enter the name of the proposer of the proposal recommended for selection.

Name of Landlord: Enter the name of the individual or entity that is the Landlord for the recommended property.

Type of Agreement: Check "Lease" or check "Other" and identify the type of agreement.

Projected Occupancy Date: Enter the projected occupancy date.

Term of Lease: Enter the number of years and months of the proposed lease term.

Usable Area: Enter the confirmed usable square footage (USF) of the recommended premises from the DCAM Proposal Cost Analysis.

### **2. COST**

Refer to the DCAM Proposal Cost Analysis to complete this section.

Annual Rent: Enter the proposed annual rent for each year of the lease term of the proposal recommended for selection. If you are completing a downloaded form, imbedded formulas will calculate the rate per square foot and the average annual rent. Otherwise, calculate and enter the rate per square foot (annual rent divided by usable area) and average annual rent (total annual rent divided by # of years of rent).

Excluded Costs: Enter the estimated Year 1 dollar amount for all costs that are excluded from the proposed rent and that will be paid separately by the User Agency. Fill in the total dollar amount of Year 1 excluded costs. If completing a downloaded form, the total amount will be calculated automatically.

Total Occupancy Cost: Enter the total occupancy cost for each year of the lease. This is the annual rent plus the total estimate of excluded costs. Enter the total occupancy cost/SF for each year of the lease. If completing a downloaded form, imbedded formulas will calculate the Year 1 total occupancy cost and cost/SF. If there are costs excluded from the rent, use information on excluded costs from the DCAM project manager to complete the total occupancy cost and cost per SF for Year 2 and beyond. Calculate and enter the average annual cost.

Project Manager Signatures: The project managers for the User Agency and DCAM sign this form to confirm their agreement with the information contained in the attached Proposal Evaluations and this Agency Recommendation Form 2.

### **3. APPROVALS**

To submit the Form 2 to DCAM for approval, an authorized signatory for the User Agency signs the form. Please include the person's title and date that the form is signed. Please also include any relevant comments in the space identified.

An authorized signatory for DCAM signs the form to confirm agreement with the User Agency recommendation.

# AGENCY RECOMMENDATION

2

For DCAM Use:
Project #:
Facility Code:
Project Manager:

DCAM / Office of Leasing & State Office Planning 617-727-8000 x800

USER AGENCY NAME:	REQUESTED SF:
NAME OF OFFICE/FACILITY:	
SEARCH AREA:	

## 1. RECOMMENDATION

☐ Select Lease Proposal      Proposal No.: \_\_\_\_\_      ☐ Select Public Space for Lease      ☐ Reject All Proposals  
(If this box is checked, attach a letter of explanation.)

☐ Evidence of advertisement in local newspaper(s), if applicable, has been provided

Address of Recommended Premises: \_\_\_\_\_

Name of Proposer: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Type of Agreement: \_\_\_\_\_      Projected Occupancy Date: \_\_\_\_\_

☐ Lease      ☐ Other: \_\_\_\_\_      Usable Area: \_\_\_\_\_ 1 \_\_\_\_\_

Term of Lease: \_\_\_\_\_ years  
\_\_\_\_\_ months

## 2. COST

ANNUAL RENT			ESTIMATE OF EXCLUDED COSTS		TOTAL OCCUPANCY COST		
Year	Annual Rent	Rate/SF	Item	Yr 1 Cost	Year	Annual Cost	Cost/SF
1		\$0.00	Janitorial Services	\$0.00	1	\$0.00	\$0.00
2		\$0.00	Lights & Plugs		2		\$0.00
3		\$0.00	HVAC		3		\$0.00
4		\$0.00	Parking		4		\$0.00
5		\$0.00	Other: _____		5		\$0.00
Average Annual Rent:		\$0.00	Other: _____		Average Annual Cost:		
			Total:	\$0.00			

Agency Project Manager \_\_\_\_\_ Date \_\_\_\_\_ DCAM Project Manager \_\_\_\_\_ Date \_\_\_\_\_

## 3. APPROVALS

<b>AGENCY</b> Comments:          Authorized Signature _____ Date _____   Title _____	<b>DCAM</b> Comments:          Authorized Signature _____ Date _____   Title _____
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